

Attorney's Docket No. B-4226 618897-9/RPB**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

national stage of PCT

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION, OR CIP.

divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION**“LIFE EVENTS MANAGEMENT”****SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

(a) is attached hereto.
 (b) was filed on _____ as Serial No. _____
 or Express Mail No., as Serial No. not yet known, _____
 and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) was described and claimed in PCT International Application No. _____
 filed on _____ as amended under PCT Article 19 (1)
 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

[] In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [] no such applications have been filed.
(e) [X] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
UNITED KINGDOM	0015474.0	26 June 2000	[X] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Richard P. Berg, Reg. No. 28,145
Mavis S. Gallenson, Reg. No. 32,464
Kam C. Louie, Reg. No. 33,008
Ross A. Schmitt, Reg. No. 42,529

Victor Repkin, Reg. No. 45,039
John Palmer, Reg. No. 36,885
Peter D. Galloway, Reg. No. 27, 885
William R. Evans, Reg. No. 25, 858

(check the following item, if applicable)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard P. Berg, Esq.
c/o LADAS & PARRY
5670 Wilshire Boulevard, Suite 2100
Los Angeles, California 90036-5679

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)
Richard P. Berg
(323) 934-2300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of **sole or first inventor** Martin James Walker

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence same as post office address

Post Office Address 3 Hydras Drive, Leighton Buzzard, Bedfordshire LU7 8UL, England

Full name of **second joint inventor**, if any Ray Giles

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence same as post office address

Post Office Address Penhurst, Worplesdon St. Mary, Worplesdon, Guildford, Surrey, England

Full name of **third joint inventor**, if any Christopher Geary

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence same as post office address

Post Office Address Downgate Cottage, Hungerford Park, Hungerford, Berkshire RG17 0UR, England

Full name of **fourth joint inventor**, if any Christopher Wood

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence same as post office address

Post Office Address Scotts Farmhouse, Bythorn, Huntingdon, Cambs. PE18 0QP, England

Full name of **fifth joint inventor**, if any Adrian Stock

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence same as post office address

Post Office Address Brice, Hale Rees, Farnham, Surrey GU9 9BN, England

Full name of **sixth joint inventor**, if any Robert Kitchen

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence same as post office address

Post Office Address Yew Tree Cottage, Main Road, Colden Common, Winchester, England

Full name of **seventh joint inventor**, if any Dag Tungvåg

Inventor's signature _____

Date _____ Country of Citizenship Norway

Residence same as post office address

Post Office Address Bregneveien 9, 3292 Stavern, Norway

Full name of **eighth joint inventor**, if any Christopher Corcoran

Inventor's signature _____

Date _____ Country of Citizenship United Kingdom

Residence same as post office address

Post Office Address Acre View, Upperton, Brightwell Baldwin, Watlington, England

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGES(S)

WHICH FORM A PART OF THIS DECLARATION

Signature for third and subsequent joint inventors. *Number of pages added* 01

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* *Added* pages to combined declaration and power of attorney for divisional, continuation-in-part (CIP) application.
Number of pages added _____

* * *

Authorization of attorney(s) to accept and follow instructions from representative.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

This declaration ends with this page.